

POSITION	INHALS	ID N	DATE
FEE DETERMINATION	KA	7891	9/10
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	ZZ	68698	8/26/2003
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final Original	
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60	= N	110	
11		61		111	
12		62		112	
13		63		113	
14		64		114	
15		65		115	
16		66		116	=
17		67		117	
18		68		118	
19		69		119	
20		70	✓ ✓ ✓	120	
21		71	✓	121	
22		72	✓	122	
23		73	✓	123	
24		74		124	
25		75		125	
26		76		126	
27	✓ ✓ ✓	77		127	
28		78		128	
29		79		129	
30		80		130	
31		81		131	
32		82		132	
33		83		133	
34		84		134	
35	✓	85		135	
36	✓	86		136	
37	✓ ✓ ✓	87		137	
38		88		138	
39	✓ ✓ ✓ ✓	89		139	
40		90		140	
41		91		141	
42	✓	92	✓ ✓ ✓	142	
43		93		143	
44	✓ O	94		144	
45	✓	95		145	
46	✓	96		146	
47	✓	97		147	
48	N	98		148	
49		99		149	
50	✓	100	N	150	

If more than 150 claims or 10 actions
staple additional sheet here

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